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Bib Data Sheet

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|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/914,114   | <b>FILING DATE</b><br>12/14/2001<br><b>RULE</b>   | <b>CLASS</b><br>704                | <b>GROUP ART UNIT</b><br>2641   | <b>ATTORNEY DOCKET NO.</b><br>SCHO0063 |
| <b>APPLICANTS</b><br>Ralph Sperschneider, Erlangen, GERMANY;<br>Martin Dietz, Nuernberg, GERMANY;<br>Pierre Lauber, Nuernberg, GERMANY;<br>Michael Schug, Erlangen, GERMANY;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/EP00/00312 01/17/2000 <i>Use</i>   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 19907729.0 02/23/1999 <i>Use</i>   |   |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input type="checkbox"/> Allowance<br>Verified and Acknowledged <i>Use</i> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>22              |
| Examiner's Signature <i>Use</i> Initials <i>Use</i>  |   | <b>INDEPENDENT CLAIMS</b><br>4     |   |  |
| <b>ADDRESS</b><br>22862  |   |                                    |   |  |
| <b>TITLE</b><br>Method and device for generating a data flow from variable-length code words and a method and device for reading a data flow from variable-length code words   |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>1106   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |